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REVOCATION OF POWER OF ATTORNEY WITH **NEW POWER OF ATTORNEY** AND **CHANGE OF CORRESPONDENCE ADDRESS** 

First Named Inventor Fentress Art Unit 3712 Examiner Name Suhol

Attorney Docket Number

I hereby revoke all previous powers of attorney given in the above-identified application. A Power of Attorney is submitted herewith. OR 021587 I hereby appoint the practitioners associated with the Customer Number; Please change the correspondence address for the above-identified application to: The address associated with 021587 Customer Number: OR Firm or Individual Name Address Address State City Zip Country Telephone Fax I am the: × Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Name Warren Scott Fantress Signature Date Telephone Jime 203,775.0265 NOTE: Signatures of all the inventors or seeigness of record of the entire interest or their representative(e) are required. Submit multiple forms if more than one algorithm is required, see below.

This collection of information is required by 37 CFR 1.38. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) as application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Take will vary depending upon the instrictual case. Any comments on the amount of time you require to complete this form anchor suggestions for reducing this burden, should be cent to the Chief information Officer, U.S. Department of Commerce, P.O. Box 1450, Albustatris, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. BEED TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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